

So the rural aspects of my State and the challenges that those represent impact upon the access to health care. The difficulties of veterans and families in traveling long distances to facilities are compounded by varied terrain and, often, inclement weather.

Just this past weekend I was in Lubec, Maine, which is the easternmost point in the United States, where the sunrises in Sunrise County, and it required landing far away and taking a cutter across the bay and taking further transportation to get to Lubec in order to be able to put on a benefit for a restoration in the community. I would hate to think that the requirements that were being forced upon veterans in Downeast Maine would cause them those same kind of requirements.

One of the things that always interests me in every veterans' ceremony I go to in every community in the second district is the length and breadth of the town's honor roll which recognizes the veterans in that community that have not only been part of the military service but usually have been enlisted and have felt the responsibility to serve of their own volition to continue to ensure the freedoms for all Americans. And the length of that list in some very small towns is remarkable.

We always talk about Joshua Chamberlain and the 20th Maine; but there are many other veterans, up until even Gary Gordon, who is from Lincoln, Maine, who is a Congressional Medal of Honor winner who risked and lost his life in trying to save others. But they are all throughout Maine in their willingness to become part of the military service in this country to preserve the freedoms and foundation which we all enjoy.

Mr. Speaker, I hate to think that we put obstacles in their way, in their families' way, in terms of getting the care, and health care, that we really owe them as a country and a Nation.

The issue in terms of section 206, in establishing the new priorities and criteria and how it impacts on rural health care and the availability of that care, I seek to work with Members on both sides of the aisle. Maine currently has preapproval for four projects that will be placed on the priority list by the end of October. These four projects are to add beds to existing homes. The current occupancy rate at our existing homes is 94.5 percent. This is far above the national average and demonstrates the great need for this care in my State.

I hope that we will be able to assure States that have made the commit-

ment to put up the matching funds for these projects, that the promise for those crucial Federal dollars will be met. I am concerned that this legislation does not adequately protect the hard work that States have done to get their projects listed and that many will be forced to start all over again. I am also concerned about the criteria used for new construction and its push toward renovation.

Washington County, Downeast Maine, is looking for a residential care facility. There is no structure there now. Recognizing there are others who wish to speak, Mr. Speaker, I would just like to be able to offer for the RECORD some of the facts that have been presented in terms of occupancy rates and meeting that level and other information that is being presented by the State of Maine.

In closing, I would just like to again thank the chairman and the ranking members of the committee for their dedication that they have exhibited in addressing the long-term care issues, and I look forward to working with them on this as we try to serve our veterans throughout the country.

The information I just alluded to, Mr. Speaker, is as follows:

MAINE VETERANS' HOMES DAILY CENSUS

[Sept. 16, 1999]

Facility	Total beds	Veteran vs. non-veteran status					Payor source							Occupancy (percent)
		Veteran	Percent	Non-vet	Percent	Total	Private	Percent	Medicaid	Percent	Medicare	Percent	Total	
Augusta	120	81	71.7	32	28.3	113	38	33.6	67	59.3	8	7.1	113	94.2
Bangor	120	78	67.8	37	32.2	115	17	14.8	83	72.2	15	13.0	115	95.8
Caribou	40	28	75.7	9	24.3	37	3	8.1	34	91.8	0	0.0	37	92.5
Scarborough	120	91	62.0	20	18.0	111	31	27.9	73	65.8	7	6.3	111	92.5
So. Paris	90	63	72.4	24	27.6	87	19	21.8	66	75.9	2	2.3	87	96.7
NF	62	41	68.3	18	31.7	50	17	28.3	41	68.3	2	3.3	80	95.8
Res. Care	28	22	31.8	5	18.5	27	2	7.4	25	92.5	0	0.0	27	95.4
Totals	490	341	73.7	122	26.3	463	108	23.3	323	69.8	32	6.9	463	94.5

Mr. STUMP. Mr. Speaker, I yield myself such time as I may consume to assure the gentleman from Maine, representing a district of 50,000-some square miles, I will be more than happy to work with him on rural health care issues, and especially on the State Veterans Home Program. This is probably one of the most efficient and one of the best programs we have in the VA, and we look forward to working with him on any problems he may have.

Mr. Speaker, I yield such time as he may consume to the gentleman from Virginia (Mr. BLILEY), the chairman of our Committee on Commerce.

Mr. BLILEY. Mr. Speaker, I thank the chairman of the committee, the gentleman from Arizona (Mr. STUMP), for yielding me this time, and I applaud him for bringing this bill to the floor. I also want to thank the gentleman from Florida (Mr. STEARNS) for his efforts on this bill.

Today, Mr. Speaker, I rise in support of the Veterans' Millennium Health Care Act of 1999. The gentleman from Florida (Mr. STEARNS) was kind enough to include as a provision of this legislation my bill, H.R. 430, the Combat Veterans Medical Equity Act. Due to a

broad base of support, my bill gained 177 cosponsors and was endorsed by the Military Order of the Purple Heart.

Most people are unaware that under current law combat wounded veterans do not always qualify for medical care at VA facilities.

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This bill would change the law to ensure combat wounded veterans receive automatic access to treatment at VA facilities. It sets the enrollment priority for combat-injured veterans for medical service at level three, the same level as former prisoners of war, and veterans with service-connected disabilities rated between 10 and 20 percent.

We, as a Nation, owe a debt of gratitude to all of our veterans who have been awarded the Purple Heart for injuries suffered in service to our country. I would like to thank the gentleman from Florida (Chairman STEARNS) for including my legislation, the Combat Veterans Equity Act in this important legislation.

I also would like to congratulate the Military Order of the Purple Heart for their hard work and advocacy on behalf

of our Nation's combat-wounded veterans.

The Veterans Millennium Health Care Act of 1999 is long overdue. I am proud to support this bill for our Nation's veterans, and I urge a "yes" vote.

Mr. REYES. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore (Mr. CALVERT). The gentleman from Texas (Mr. REYES) has 11 minutes remaining.

Mr. REYES. Mr. Speaker, I yield 3 minutes to the gentlewoman from Indiana (Ms. CARSON).

Ms. CARSON. Mr. Speaker, I thank very much the gentleman from Texas (Mr. REYES) and the gentleman from Florida (Mr. STEARNS) and the gentleman from Arizona (Mr. STUMP), et al, for allowing me to say just a few words on behalf of the Veterans Millennium Health Care Act, H.R. 2116.

I would anticipate that every Member of this House would be enthusiastically supportive of the Veterans Millennium Health Care Act in that they have veterans in all 50 States of the United States.

I applaud the bipartisan effort that led to the creation and movement of